

687

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 621
Registrar's No. 126

1. Place of Death: (a) County Yuma (b) City or Town Near Yuma, Ariz. (c) Location 39th Station Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 11 days In Community 11 days in Arizona Unknown
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State So. Carolina (b) County Unknown/Laurens (c) City or Town Laurens
(If outside city limits also write RURAL)
(d) Street No. Route # 2, Box # 184 (e) Citizen of foreign country (yes or No) No

3. (a) FULL NAME Svihel, Elmer C. (b) If Veteran 11/11/18 name war 11/11/18 (c) Social Security No. Unknown

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Lois Svihel 6. (c) Age of husband or wife, if alive Unknown yrs.

7. Birthdate of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 38 Months - Days - If less than one day hrs. min.

9. Birthplace Unknown
(City, town or county) (State or Country)

10. Usual Occupation Soldier

11. Industry or Business U. S. Army

12. Name Unknown

13. Birthplace Unknown
(City, town or county) (State or Country)

14. Maiden Name Unknown

15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature U S Army records

(b) Address Removal

17. (a) Burial, Cremation or Removal Removal

(b) Place Clinton S.C. (c) Date 7/15/43

18. (a) Embalmer's Signature Dr. Johnson

(b) Funeral Director The Johnson Mortuary

(c) Address Yuma, Arizona

19. (a) July 15, 1943

(b) Mary A. Whiffnerman

(c) July 15, 1943

(d) July 15, 1943

(e) July 15, 1943

(f) July 15, 1943

(g) July 15, 1943

(h) July 15, 1943

(i) July 15, 1943

(j) July 15, 1943

(k) July 15, 1943

(l) July 15, 1943

(m) July 15, 1943

(n) July 15, 1943

(o) July 15, 1943

(p) July 15, 1943

(q) July 15, 1943

(r) July 15, 1943

(s) July 15, 1943

(t) July 15, 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 13, 1943

TIME (Hour and minute) 2:55 PM (PMT)

21. I hereby certify that I attended the deceased from July 3, 1943 to July 13, 1943

that I last saw him alive on July 13, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Bleeding peptic ulcer.

ulcer.

Due to Bleeding peptic ulcer.

Due to None

Other conditions None

(Include pregnancy within 3 months of death)

Major findings: -

Of operations: -

Of autopsy: Duodenal ulcer

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Removal

(b) Date of occurrence 7/15/43

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frederick R. Gabriel, 1st LMC M. D.

Address 39th Sta. Hospital Date signed 7-14-43

Yuma, Ariz.